

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

		SERIAL NO.		FILING DATE		
		09/700185				
		APPLICANT(S)				
CLAIMS						
	AS FILED		AFTER- 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	25	↔	↔	↔		
TOTAL CLAIMS	28					
TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS						